	Connecticut De	partment of	Public H	lealth I	Drink	ing W	ater Se	ction	
		ıality Monit				0			
PWS ID	PWS Name	adirey 1-10111e	oring an					ner Type Pri	imary Source
CT0190014	AMERICAS BEST VALUE I	NN			NC		25	P	GW
	vhere applicable)		Service	Residentia				Combined	Agricultural
	CE ROAD (ROUTE 6)		Connections			1			
Towns Served: I	<u> </u>								
		Monito	oring Requ	uiremen	ts				
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 rou	tine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Collect	ion Period	Complia	ance Status
Select fron	n Inventory of Active Samp	ling Points		10/1/18 - 1	.0/31/18			Cor	mplete
				1/1/19 - 3	/31/19			Cor	mplete
				4/1/19 - 6	/30/19				
				7/1/19 - 9	/30/19				
Total Coliforn	n (3100)							3 (TR)	per month
Sampling I	Point (Sampling Point ID)			Monitoring		Collect	ion Period	Compliance Status	
Select fron	n Inventory of Active Samp	ling Points		11/1/18 - 1	1/30/18			Cor	mplete
Physical Parameters (PPS)							1 rou		er quarter
	Point (Sampling Point ID)			Monitoring	g Period	Collect	ion Period	Complia	ance Status
Select fron	n Inventory of Active Samp	ling Points		10/1/18 - 1	2/31/18			Cor	mplete
				1/1/19 - 3				Cor	mplete
				4/1/19 - 6					
				7/1/19 - 9	/30/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And N	•						1	routine (R ⁻	T) per year
Sampling I	Point (Sampling Point ID)			Monitoring		Collect	ion Period	Complia	ance Status
ENTRY POI	NT (3)			1/1/18 - 12				Cor	mplete
				1/1/19 - 12				Cor	mplete
				1/1/20 - 12	2/31/20				
•	Facility: WELL (WSF II	D: 20399)							
E. Coli (3014)									per period
	Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
WELL (2)				10/8/18 - 1	.0/14/18			Cor	mplete
	Water	System Facili	ty and Sai	mpling F	Point Ir	nvento	ry		
Water						Total	Lead and		
*	er System Facility	Sampling Point		int		Coliform		A-1 : :	Stage
Facility ID	DIBLITION (VC==	ID .	Description		Status		Rule Tier	Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				

				Contact Info	ormation				
Name				Organization				Job Title	9
Mr. Peter Patel				Americas Bes	t Value Inn				
Mailing Address Line Or	ne		Mailing	Address Line Two			City	State	Zip Code
479 Providence Road						Brooklyn	l	СТ	06234
Dusiness Dhone Ev	tonsion	Гоч		Mahila Dhana	Emargana, Dhana	Email Ad	dross		

ENTRY POINT

WELL

Α

Α

3

2

00700

20399

ENTRY POINT

WELL

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Quality	Monit	oring an	d Con	nplia	nce S	Schedul	le				
PWS ID	PWS Name					Classification		Population	Owner Type	Primary Source			
CT0190014	T0190014 AMERICAS BEST VALUE INN						1C	25	Р	GW			
Local Address (w	Local Address (where applicable)				Residen	tial Commerc		al Industri	al Combine	ed Agricultural			
479 PROVIDENC	E ROAD (ROUTE	5)		Connections	; ·		1						
Towns Served: B	BROOKLYN					·							
business Phon	e extension	гах	INODIN	e Priorie E	mergency	PHOHE	EIIIaii F	ruuress					
860-774-9644	1												
Contact Role(s):	Administrative	Contact, Legal Co	ntact, Own	er									

- CD lelte Heelde Detel to Mare Co

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic Wat	_	rtment o				_			
PWS ID	PWS Name	20101		8						Primary Source
CT019002		NTRY CLUB/	GOLF COURSE				IC	25	Р	GW
	ess (where applicable)			Service	Resident	tial Co	mmercial		I Combine	
170 SOUTI				Connectio			1			8 22 22
	ved: BROOKLYN									
			Moni	toring Re	auireme	nts				
Water Sv	stem Facility: DISTR	IBUTION S			quireine	1103				
•	iform (3100)							1	routine (RT) per quarter
	oling Point (Sampling P	oint ID)			Monitorii	na Peri	od Col	lection Peri	-	liance Status
	t from Inventory of Act	-	Points		10/1/18 -	_				Complete
Scied	enominivenesity of rec		, 1 0.11123		1/1/19 -					Complete
					4/1/19 -					
					7/1/19 -					
Physical	Parameters (PPS)				., _, _	3,00,1		1	routine (RT) per quarter
-	ling Point (Sampling P	oint ID)			Monitorii	na Peri	od Col	ection Per	= :	liance Status
_	t from Inventory of Act		Points		10/1/18 -					Complete
	,	, ,			1/1/19 -					Complete
					4/1/19 -					
					7/1/19 -					
Water Sv	stem Facility: ENTR	Y POINT (V	VSF ID: 00700	0)						
	and Nitrite (NOX)	•		,					1 routine	(RT) per year
	ling Point (Sampling P	oint ID)			Monitorii	na Peri	od Col	lection Per		liance Status
	Y POINT (3)	· · ,			1/1/18 -					Complete
	(-)				1/1/19 -					
					1/1/20 -					
		Water S	ystem Faci	ility and 9				torv		
14/est ou		vvater 5	ysterii i aci	inty and s	amping	ı Olli			un al	
Water System	Water System Facility		Sampling Poin	nt Samplina	Point		Toto Colifo			Stage
Facility ID	,		ID	Descriptio		Sto	itus Rul			s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM]	4	DISTRIBUT	ION SYSTEM		A Y			
			DOWNSTREAM	M WITHIN 5	SERVICE CON	1 /	Ą			
			UPSTREAM		SERVICE CON		Ą			
00700	ENTRY POINT		3	ENTRY PO	INT		Ą			
	WELL		2	WELL			Α			
20.00					ormation					
				ntact Info	ormation					
Name	<u> </u>			Organization					Job Title	!
	Street LLC		N. 4 - 11:- A . 1 . 1					Cit	C: ·	7: 0 1
	Idress Line One		Mailing Addre	ess Line Two			D.: 11	City	State	Zip Code
240 South				lette Die	E	Dle	Brooklyn		СТ	06234
Business		Fax	Mo	bile Phone	Emergency	Pnone	Email Ad	aress		
860-774	1-2321	_								

Contact Role(s): Legal Contact, Owner

	Connecticu	it Depa	irtment of	Public I	Health	Drir	ıkıng	water	Section	
	Wate	er Qua	lity Monite	oring an	nd Con	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0190024	BROOKLYN COUN	TRY CLUB,	GOLF COURSE			N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combin	ed Agricultural
170 SOUTH STRE	.70 SOUTH STREET				S		1			
Towns Served: B	ROOKLYN				,			'		
Name			Or	ganization					Job Titl	e
Mr. Richard Regi	is		17	170 South Street, LLC				Owner		
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code
240 South Street							Brookly	'n	СТ	06234
Business Phone	usiness Phone Extension Fax M			e Phone E	Emergency	ergency Phone Email A		ddress	,	
860-774-2321										
Contact Role(s)	Administrative C	ontact Lec	zal Contact							

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut I	Department of	Public H	lealth	Dr	inkin	g W	ater	Se	ction	
		Quality Monit									
PWS ID	PWS Name	C s s s s	<u> </u>		_				_	ner Type P	rimary Source
CT019006	4 HANKS RESTAURANT					NC		25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial (Commer	cial	ndustri	al	Combined	Agricultural
416 PROV	IDENCE ROAD		Connections			1					
Towns Ser	rved: BROOKLYN										
		Monito	oring Requ	iiremer	nts						
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1	rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point I	D)		Monitoring Period Collection Per						Compli	ance Status
Selec	ct from Inventory of Active Sa	mpling Points		10/1/18 -	12/3	1/18				Co	mplete
				1/1/19 -	3/31	/19				Co	mplete
				4/1/19 -							
				7/1/19 -	9/30	/19					
-	Parameters (PPS)										per quarter
_	pling Point (Sampling Point I			Monitorin			Collect	tion Pe	riod		ance Status
Selec	ct from Inventory of Active Sa	mpling Points		10/1/18 -		•					mplete
				1/1/19 -						Co	mplete
				4/1/19 -		-					
		UNIT (11/07 ID 00700)		7/1/19 -	9/30	/19					
•	stem Facility: ENTRY PO	INT (WSF ID: 00/00)									- \
	And Nitrite (NOX)	D)		Manitarin	D.	wind	Callag	tion Pe			RT) per year
_	pling Point (Sampling Point I	וט		Monitorin	_		Conec	tion Pe	rioa		ance Status
ENTE	RY POINT (3)			1/1/18 - 1 1/1/19 - 1							omplete omplete
				1/1/19 - 1		-				CO	impiete
	\A/a	ter System Facili	ty and Sar				onto	F \/			
Markan	VVd	ter System raciii	ty and Sai	npiing	PUI						
Water System	Water System Facility	Sampling Point	Samplina Poi	nt			Total oliform	Lead Cop			Stage
Facility ID		ID	Description		S	tatus	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		A	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	l	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	l	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
20404	WELL	2	WELL			Α					
60406	ATMOSPHERIC STORAGE										
		Con	tact Infori	nation							
		50.1									

			Co	ntact Inf	ormation				
Name			Organization	ı		Job Title			
Mr. Roland Lachari	te		Hank's, Inc.		Assistant Vice Pres				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City State Zip (
416 Providence Roa	ıd					Brooklyr	CT 0623		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-774-6071					860-774-6045				
Contact Role(s): A	dministrative	Contact							

	Connectici	ut Depa	rtment (of Public	: Health	ı Drii	nking	Water	Section	n	
	Wat	er Qual	lity Mon	itoring a	and Cor	nplia	ince So	chedul	e		
PWS ID	PWS Name					Classif	fication P	opulation	Owner Ty	pe P	rimary Source
CT0190064	HANKS RESTAUR	ANT				ı	NC .	25	Р		GW
Local Address (w	nere applicable)			Service	Reside	ntial Co	ommercial	Industria	al Comb	ined	Agricultura
416 PROVIDENCE	ROAD			Connection	ons		1				
Towns Served: Bi	ROOKLYN			·					·		
Name				Organization					Job ⁻	Γitle	
Ms. Lyn M. Lacha	rite			Hank's, Inc.				Asst. Presi	ident		
Mailing Address Line One Mailing A				ess Line Two		Sta	te	Zip Code			
416 Providence R	oad						Brooklyr	1	C.	Γ	06234
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email Address				
860-774-6071					860-774	-6045					
Contact Role(s):	Legal Contact										
Name				Organization					Job ⁻	Γitle	
Mr. Joseph M. Co	outois			Hank's, Inc.				President			
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code
379 Providence R	oad						Brooklyr	1	C.	Γ	06234
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email Ac	ldress			
860-774-6071					860-774	-6045					
Contact Role(s):	Owner										

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth	Drink	ing W	/ater Se	ection		
	Water (Quality Monit	oring and	d Com	plian	ce Sch	nedule			
PWS ID	PWS Name				Classificat	tion Pop	ulation Ow	ner Type Pr	imary Source	
СТ019007	4 OUR LADY OF LA SALE	TTE CHURCH			NC		25	Р	GW	
Local Add	ress (where applicable)		Service	Resident	tial Comn	mercial	Industrial	Combined	Agricultural	
25 PROVID	DENCE ROAD (ROUTE 6)		Connections			1				
Towns Ser	ved: BROOKLYN			,		,				
		Monito	oring Requ	iiremei	nts					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)						1 ro	utine (RT) p	er quarter	
Sam	oling Point (Sampling Point IL	o)		Monitorii	ng Period	Collec	ction Period		nce Status	
Selec	t from Inventory of Active Sa	mpling Points		10/1/18 -	12/31/18			Coi	mplete	
	·			1/1/19 -					mplete	
				4/1/19 -	6/30/19					
				7/1/19 -	9/30/19					
Physical	Parameters (PPS)						1 ro	utine (RT) p	er quarter	
Sam	oling Point (Sampling Point IL	D)		Monitorii	ng Period	Collec	ction Period	Compli	ance Status	
Selec	t from Inventory of Active Sa		10/1/18 -	12/31/18			Coi	mplete		
				1/1/19 -	3/31/19			Coi	mplete	
				4/1/19 -	6/30/19					
				7/1/19 -	9/30/19					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year	
Samp	oling Point (Sampling Point IL	o)		Monitorii	ng Period	Colle	ction Period	Compli	ance Status	
ENTR	RY POINT (3)			1/1/18 - 3	12/31/18			Coi	mplete	
				1/1/19 - 3	12/31/19			Coi	mplete	
				1/1/20 - :	12/31/20					
	Wat	er System Facili	ty and Sar	npling	Point I	nvento	ory			
Water							Lead and	1		
-	Water System Facility	Sampling Point		nt		-	n Copper		Stage	
Facility ID		ID .	Description		Status		Rule Tiei	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
00700	ENTRY POINT	3	ENTRY POINT		Α					
20405	WELL	2	WELL		Α					
56779	BLADDER TANKS									
		Con	tact Inforr	mation						
Name		Or	ganization					Job Title		

Our Lady of Lasalette

City

ourladybrooklyn@gmail.com

Brooklyn

Emergency Phone | Email Address

State

СТ

Zip Code

06234

Mailing Address Line Two

Mobile Phone

Father Benjamin Soosaimanickam

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-774-0679

Mailing Address Line One

P.O. Box 211

Business Phone

860-774-6275

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quanty monitoring and compliance beneaute										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0190074	OUR LADY OF LA SALETTE CHURCH				NC	25	Р	GW		
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
25 PROVIDENC	E ROAD (ROUTE 6)	Connections			1					
Towns Convode	DDOOKLVN	<u>'</u>	•			·	'	·		

Towns Served: BROOKLYN Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				C				
PWS ID PWS Name				Classification		Population	Owner Type	Primary Sou	urce
CT0190104	BROOKLYN MARKET				NC	25	Р	GW	
Local Address (w	here applicable)	Service	Residen	ntial Commerci		al Industri	al Combin	ed Agricult	ural
107 HARTFORD	ROAD (ROUTE 6)	Connections			1				

Towns Served: BROOKLYN										
M	onitoring Req	uirement	ts							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)				1 re	outine (RT) p	er quarter				
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	nce Status				
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	mplete				
		1/1/19 - 3/	/31/19		Cor	mplete				
		4/1/19 - 6/30/19								
		7/1/19 - 9/								
Physical Parameters (PPS)				1 re	outine (RT) p	er quarter				
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	nce Status				
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	mplete				
		Cor	mplete							
		4/1/19 - 6/	/30/19							
		7/1/19 - 9/	/30/19							
Water System Facility: ENTRY POINT (WSF ID: 0	0700)									
Nitrate (1040)				1 r	outine (RT) p	er quarter				
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period					nce Status				
ENTRY POINT (3)		Cor	Complete							
		1/1/19 - 3/	/31/19		Cor	mplete				
		4/1/19 - 6/	/30/19							
		7/1/19 - 9/	/30/19							
Nitrite (1041)					1 routine (R	T) per year				
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complic	ance Status				
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	mplete				
		1/1/19 - 12	/31/19		Cor	mplete				
		1/1/20 - 12	/31/20							
Public	Notification I	Requiren	nents							
	Compliance	Notice	Public I	<u>Notification</u>	PN Certi	fication				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&P Violation	0/1/04 0/20/04	2	1/26/2001		2/5/2005					

Fubile Notification Requirements										
	Compliance	Notice	Public Notification		PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	9/1/04 - 9/30/04	2	1/26/2005		2/5/2005					
Total Coliform M&R Violation	8/1/04 - 8/31/04	2	1/26/2005		2/5/2005					
Total Coliform M&R Violation	10/1/04 - 10/31/04	2	6/16/2005		6/26/2005					

	Wa	ter System Facili	ty and Sampling P	oint Ir	nvento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20408	WELL	2	WELL	Α				

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0190104 BROOKLYN MARKET					NC	25	Р	GW		
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
107 HARTFORD	Connections			1						

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Hiteshkumar P	atel			Brooklyn Ma	arket				
Mailing Address Lin	e One		Mailing Ad	Idress Line Two			City	State	Zip Code
107 Hartford Rd						Brooklyn		CT	06374
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	 	
860-774-2621		860-774-	2621						
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact	Owner					
Name				Organization	า			Job Title	
Ms. Nayana Patel									
Mailing Address Lin	e One		Mailing Ad	Idress Line Two			City	State	Zip Code
107 Hartford Rd						Brooklyn		СТ	06374
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): O	wner				1				

Please note the following:

Towns Served: BROOKLYN

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connaction	on outpe set = (Dublic	Icalth D	wim la	in a I	Vatar	Ca	atica	
	Connecticut D	•							ction	
		Quality Monit	oring an							
PWS ID	PWS Name			Cla	assificat	ion Po	pulation	Own	er Type	Primary Source
CT019016	SORELS GARAGE				NC		25		Р	GW
Local Add	ress (where applicable)		Service	Residential	Comm	nercial	Industri	al	Combine	d Agricultura
88 HARTF	ORD ROAD (ROUTE 6)		Connections		1	1				
Towns Sei	rved: BROOKLYN									
	- 111		oring Requ	uirement	S					
	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
	oliform (3100)					- "				per quarter
	pling Point (Sampling Point ID	•		Monitoring		Colle	ction Pe	riod		liance Status
Selec	ct from Inventory of Active Sar	npling Points		10/1/18 - 12						omplete
			1/1/19 - 3/3					С	omplete	
			4/1/19 - 6/3	-						
				7/1/19 - 9/3	30/19					
-	Parameters (PPS)									per quarter
_	pling Point (Sampling Point ID		Monitoring		ction Pe					
Selec	ct from Inventory of Active Sar	npling Points		10/1/18 - 12						omplete
				1/1/19 - 3/3					С	omplete
				4/1/19 - 6/3						
				7/1/19 - 9/3	30/19					
•	stem Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate							1	rou		per quarter
Sam	pling Point (Sampling Point ID)		Monitoring	Period	Colle	•			liance Status
ENTF	RY POINT (3)			10/1/18 - 12		·				omplete
				1/1/19 - 3/3					С	omplete
				4/1/19 - 6/3	-					
				7/1/19 - 9/3	30/19					
	Wat	er System Facili	ty and Sar	mpling Po	oint Ir	nvent	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point		int		Colifor				Stage
Facility ID		ID	Description		Status		Rule	Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	•	Α					
20412	WELL	2	WELL		Α					
		Con	tact Infori	mation						
Name		Oi	rganization						Job Title	
Mr. Paul S	Sorel	Sc	rels Garage			٧	ice Presi/	dent		
Mailing A	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code

Brooklyn

mail@sorelsgarage.net

Emergency Phone | Email Address

 CT

06234

P.O. Box 328

Mobile Phone

Fax

88 Hartford Road

Business Phone

860-774-4514

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quality fromtering and domphanes believans										
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source		
CT0190164	64 SORELS GARAGE					25	Р	GW		
Local Address (Local Address (where applicable)		Residentia		Commercial Indu		al Combine	ed Agricultural		
88 HARTFORD ROAD (ROUTE 6)		Connections			1					
Tours Comunds	DDOOKLVN									

Towns Served: BROOKLYN

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth D	rink	ing W	/ater S	ection	
	Water Q	Quality Monit	oring an	d Comp	liand	ce Sch	nedule		
PWS ID	PWS Name			Cla	assificat	tion Pop	oulation O	wner Type F	rimary Source
CT019025	4 BROOKLYN PIZZA RESTA	AURANT			NC		37	Р	GW
Local Addr	ress (where applicable)		Service	Residential	Comn	mercial	Industrial	Combined	l Agricultural
109 HARTI	FORD ROAD (ROUTE 6)		Connections			1			
Towns Ser	ved: BROOKLYN								
		Monite	oring Requ	irement	s				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)						1 rc	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio	d Compl	iance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18			Co	omplete
				1/1/19 - 3/3	31/19			Co	omplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3					
Physical	Parameters (PPS)						1 rc	outine (RT)	per quarter
_	oling Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio		iance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18			Co	omplete
				1/1/19 - 3/3	31/19			Co	omplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)							1 routine (I	RT) per year
	oling Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio	=	iance Status
ENTR	RY POINT (3)			1/1/18 - 12/	31/18			Co	omplete
				1/1/19 - 12/	31/19				
				1/1/20 - 12/					
	Wate	er System Facili	ty and Sar			nvento	ory		
Water						Total	Lead an	d	
System	Water System Facility	Sampling Point		nt		Coliforn	n Coppei	r	Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
22691	WELL	2	WELL		Α				
		Con	tact Inform	mation					
Name		0	rganization					Job Title	
Mr. Greg I	Michaelidis		ooklyn Pizza			0	wner		
	ddress Line One	Mailing Address					City	State	Zip Code
	ord Road (Route 6)	_			Br	rooklyn		СТ	06234
			. 51	D.I.					

Mobile Phone

Business Phone

860-779-9838

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Emergency Phone Email Address

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Water Quarty Fromtoring and domphanee beneaute										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT0190254	BROOKLYN PIZZA RESTAURANT			NC	37	Р	GW			
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural			
109 HARTFORD ROAD (ROUTE 6)		Connections		1						
Tayuna Camuada I	DDOOKLVN				'					

Towns Served: BROOKLYN

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End of schedule

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0190264	COZY CORNER RESTAURANT			NC	25	Р	GW			
Local Address (\	vhere applicable)	Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural		
679 WAUREGAI	N ROAD	Connections			1					
Towns Served: I	BROOKLYN				,		,			
Monitoring Requirements										

Local Add	iress (where applicable)		Service	Residential	Comm	ierciai	industriai	Combined	Agricultural	
679 WAUREGAN ROAD			Connections		1	-				
Towns Sei	rved: BROOKLYN		1							
		Monito	oring Requ	iirement	S					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)						1 ro	utine (RT)	per quarter	
Sam	pling Point (Sampling Point II	D)		Monitoring	Period	Collec	llection Period Compliance Statu			
Selec	ct from Inventory of Active Sa	mpling Points	10/1/18 - 12/31/18				Complete			
				1/1/19 - 3/	31/19			Сс	mplete	
			4/1/19 - 6/30/19							
				7/1/19 - 9/	30/19					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter	
Sam	pling Point (Sampling Point II	D)		Monitoring	Period	Collec	tion Period	l Compli	iance Status	
Selec	ct from Inventory of Active Sa	mpling Points		10/1/18 - 12	/31/18		Complete			
				1/1/19 - 3/	31/19			Co	Complete	
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate	(1040)						1 ro	utine (RT)	per quarter	
Sam	pling Point (Sampling Point II	D)		Monitoring	Period	Collec	lection Period Compliance Status			
ENTF	RY POINT (3)			10/1/18 - 12	/31/18			Сс	mplete	
				1/1/19 - 3/	31/19			Co	mplete	
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Nitrite ((1041)						1	-	RT) per year	
Sam	pling Point (Sampling Point II	D)		Monitoring	Period	Collec	Collection Period Compliance			
ENTF	RY POINT (3)			1/1/18 - 12/	/31/18			Co	mplete	
				1/1/19 - 12/	/31/19					
	Wat	ter System Facili	ity and Sar	mpling Po	oint Ir	vento	ry			
Water						Total	Lead and	1		
System		Sampling Point		nt		Coliforn			Stage	
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPI	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
22692	WELL	2	WELL		Α					
		Con	tact Inform	mation						
Name		0	rganization					Job Title		
Mr. Konst	tantinos Plitsas		ozy Corner Res	taurant		O	wner			
Mailing Address Line One			iling Address Line Two				City	State	Zip Code	

				Contact Inf	ormation					
Name				Organization		Job Title				
Mr. Konstantinos Plitsas Cozy Corner Restaurant Owner										
Mailing Address Line One Mailing Addr				ddress Line Two		City		State	Zip Code	
79 Wauregan Road P. O. Box 211 Waurega				an	СТ	06387-0211				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-774-2629	has heen provide	860-774-/		tors of public water	systems maintain compli		alloni@charter net			

domined department of 1 dome meaning water section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name					ssification	Population	Owner Type	Primary Source	
CT0190264	COZY CORNER R	ESTAURANT				NC	25	Р	GW	
Local Address (v	vhere applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural	
679 WAUREGAN	N ROAD		Connections			1				
Towns Served: BROOKLYN										
000 114 2023	Nanoring charter.net									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule